

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/583097

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3	2		/			
4	(1)		/			
5	0		/			
6	6		/			
7	0		/			
8	0		/			
9	0		/			
10	0		/			
11	0		/			
12	0		/			
13	0		/			
14	0		/			
15	0		/			
16	0		/			
17	0		/			
18	(1)		/			
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TOTAL IND.	1		1			
TOTAL DEP.	18	←	17	←		
TOTAL CLAIMS	19	██████████	18	██████████		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓			
TOTAL DEP.		←		↓		
TOTAL CLAIMS		██████████		██████████		